DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/09/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

B. WING 095038

01 - MAIN BUILDING 01

05/09/2011

NAME OF PROVIDER OR SUPPLIER

METHODIST HOME

(X4) ID PREFIX

STREET ADDRESS, CITY, STATE, ZIP CODE

4901 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008

OR LSC (DENTIFYING INFORMATION)

(D PREFIX TAG

A BUILDING

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY

(X5) COMPLETION

K 000 INITIAL COMMENTS

A recertification Life Safety Code Survey was conducted on May 10, 2011. The following deficiency is based on observations during the

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY

K 018 NFPA 101 LIFE SAFETY CODE STANDARD SS=D

> Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 134 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3

> Roller latches are prohibited by CMS regulations in all health care facilities.

This STANDARD is not met as evidenced by:

Based on observations during the Life Safety Code Inspection it was determined that doors were held open and were prevented from closing by door props.

The findings include:

K 000

THIS PLAN OF CORRECTION IS SUBMITTED FOR PURPOSES OF REGULATORY COMPLIANCE AND AS PART OF THE METHODIST HOME'S ONGOING EFFORTS TO CONTINUOUSLY MAINTAIN THE HIGH QUALITY OF CARE AND SERVICES PROVIDED. AS SUCH IT DOES NOT CONSTITUTE AN ADMISSION OF THE FACTS OR CONCLUSIONS FOR ANY PURPOSE

K 018 WHATSOFVER.

> Corrective Action for Residents Affected by Deficient Practice:

No resident(s) was(were) negatively impacted. The entrance doors to the dining rooms on the first and second floor of the Health Care Center were held open to allow for resident's to pass safely and independently to and from meals. These holders have been removed.

6/17/11

Method to Identify Other Residents At Risk for Deficient Practice:

All doors in the Health Care Center were checked and no other doors were being held open. 6/17/11

Measures or Systemic Changes to Ensure Deficient Practice Does Not Recur:

- Automatic Closers being investigated for possible installation.
- Door check added to maintenance rounds.
- Doors to remain closed and staff will need to be present to allow for resident passage at all meals.

6/17/11

Performance Monitoring to Ensure Solutions Are Sustained. Report findings in Quarterly QA meeting.

7/14/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

CED/ADMINISTRATOR

(X6) DATE IT JUNE 2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other guards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 095038 05/09/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4901 CONNECTICUT AVENUE, NW **METHODIST HOME** WASHINGTON, DC 20008 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (X5) COMPLETION DATE (X4) ID PREFIX TAG ID PREFIX OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) K 018 Continued From page 1 K 018 Double doors located at the entrance to Dining Rooms on the First and Second Floors were held open with door props and would not close without manual assistance when tested in two (2) of two (2) observations between 3:05 PM and 4:15 PM on May 10, 2011.